



Commonwealth Of Massachusetts
Office of the Comptroller
fax 617-727-2163

**FEDERAL MANUAL DRAW
REQUEST FORM**

Date:			
Department:			
State Budget FY:			
Major Program:			
Appropriation:			
Program Code:			
Unit:			
Revenue Source:			
Federal Payment System:			
Letter of Credit			
Sub Account:			
CFDA #:			
DRAW REQUEST:			
Description:			
Department signatory certifies that expenses were properly made to support this draw request.			
Dept. Authorized Signatory:		Date:	
OSC authorized Signatory:		Date:	